ISSUE SLIP STAPLE AREA (for additional cross references) **POSITION** INITIALS ID NO. **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW** RESPONSE FORMALITY REVIEW INDEX OF CLAIMS Rejected Allowed Interference (Through numeral)... Canceled Restricted Date Claim Date : Claim Original Original 8-2-01 Final × 11 12 13 17 14 18 15 19 10 20 1 21 10 22 19 33 ୀ 126 If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)